IX.
New Data Items

Ambiguous Terminology

Item Length: 1
NAACCR Item #: 442
NAACCR Name: Ambiguous Terminology

This data item identifies all cases, including DCO and autopsy only, which are accessioned based only on ambiguous terminology. Registrars are required to collect cases with ambiguous terminology and it is advantageous to be able to identify those cases in the database.

Code	Label	Definition	Time Frame	Examples
0	Conclusive term	There was a conclusive diagnosis within two months of the original diagnosis. Case was accessioned based on conclusive terminology. Includes all diagnostic methods such as clinical diagnosis, cytology, pathology, etc.	Within two months of the date of initial diagnosis.	1. Adenocarcinoma in TURP chips. 2. Mammogram suspicious for DCIS. Excisional biopsy 1 week later positive for DCIS.
1	Ambiguous term only	The case was accessioned based only on ambiguous terminology. There was no conclusive terminology during the first two months following the initial diagnosis. Includes all diagnostic methods except cytology. ***Note:*** Cytology is excluded because registrars are not required to collect cases with ambiguous terms describing a cytology diagnosis.	N/A	1. Chest MRI shows a malignant appearing lesion in the right upper lobe. Patient refused further workup or treatment. 2. Pt with elevated PSA admitted for TRUS. Biopsy. Pathology: Prostatic chips: Consistent with adenocarcinoma. No further information is available
2	Ambiguous term followed by conclusive term	The case was originally assigned a code 1 (was accessioned based only on ambiguous terminology). More than two months after the initial diagnosis the information is being updated to show that a conclusive diagnosis was made by any diagnostic method including clinical diagnosis, cytology, pathology, autopsy, etc.	Two months or more after the date of diagnosis	The biopsy of the thyroid reads: most likely thyroid cancer. Three months later a biopsy is positive for papillary follicular cancer. The case would have been coded 1 Ambiguous term only. Change the code to 2 Ambiguous term followed by conclusive term.
9	Unknown term	There is no information about ambiguous terminology..	N/A	.

Definitions

Phrase	Definition	Examples
Ambiguous terminology	Terms that have been mandated as reportable when used in a diagnosis. See the reportable list below for a complete listing of those terms. See the 2007 SEER Coding and Staging Manual or the FORDS for detailed instructions on how to use the list.	**Clinical:** a physician's statement that the patient most likely has lung cancer. **Laboratory tests:** A CBC suspicious for leukemia. **Pathology:** A prostate biopsy compatible with adenocarcinoma
Conclusive terminology	A clear and definite statement of cancer. The statement may be from a physician (clinical diagnosis); or may be from a laboratory test, autopsy, cytologic findings, and/or pathology	**Clinical:** a physician's statement that the patient has lung cancer. **Laboratory tests:** A CBC diagnostic of acute leukemia. **Cytologic findings:** A FNA (fine needle aspiration) with findings of infiltrating duct carcinoma of the breast. **Pathology:** A colon biopsy showing adenocarcinoma

Ambiguous terms that are reportable
Apparent(ly)
Appears (effective with cases diagnosed 1/1/1998 and later)
Comparable with (effective with cases diagnosed 1/1/1998 and later)
Compatible with (effective with cases diagnosed 1/1/1998 and later)
Consistent with
Favor(s)
Malignant appearing (effective with cases diagnosed 1/1/1998 and later)
Most likely
Presumed
Probable
Suspect(ed)
Suspicious (for)
Typical (of)

Coding Instructions
1. Use **Code 0** when a case is accessioned based on conclusive terminology. The diagnosis clear and definite terminology describing the malignancy within two months of the original diagnosis.
   Note: Usually the patient undergoes a diagnostic work-up because there is a suspicion of cancer (ambiguous terminology). For example, a mammogram may show calcifications suspicious for intraductal carcinoma; the date of the mammogram is the date of initial diagnosis. When there is a clear and definite diagnosis within two months of that mammogram (date of initial diagnosis) such as the pathology from an excisional biopsy showing intraductal carcinoma, assign a code 0.
2. Use **Code 1** when a case is accessioned based on ambiguous terminology and there is no clear and definite terminology used to describe the malignancy within two months of the date of initial diagnosis.
   The diagnosis may be from a pathology report, a radiology report, an imaging report, or on the medical record.

3. Use **Code 2** when a case is accessioned based on ambiguous terminology followed by clear and definite terminology more than two months after the initial diagnosis.

4. Follow-back to a physician or subsequent readmission (following the initial two month period) may eventually confirm cancer (conclusive cancer term more than two months after ambiguous term). Assign **Code 2**.
5. Leave this data item blank for ases diagnosed prior to 01/01/2007.

Cases accessioned based on ambiguous terminology (**Code 1)** should be excluded from case selection in research studies. Direct patient contact is not recommended.

Date of Conclusive Terminology

Item Length: 8
NAACCR Item #: 443
NAACCR Name: Date of Conclusive Term

For those cases originally accessioned based on ambiguous terminology only, this data item documents the date of a definite statement of malignancy. The abstractor will change the code for the data item "Ambiguous Terminology" from a 1 to a 2 and enter the date that the malignancy was described clearly and definitely in Date of Conclusive Terminology.

Date

Date fields are recorded in the month, day, century, year format (MMDDCCYY) with 99 for unknown month or day and 9999 for unknown year.

Special Codes

00000000	Accessioned based on ambiguous terminology only (Code 1 in data item "Ambiguous Terminology")
88888888	Not applicable. The case was accessioned based on conclusive diagnosis (Code 0 in data item "Ambiguous Terminology")
99999999	Unknown date; unknown if diagnosis was based on ambiguous terminology or conclusive terminology (Code 9 in data item "Ambiguous Terminology"

Leave this field blank for cases diagnosed prior to 01/01/2007.

Multiplicity Counter

Item Length: 2
NAACCR Item #: 446
NAACCR Name: Multiplicity Counter

This data item is used to count the number of tumors (multiplicity) reported as a single primary. Do not count metastatic tumors. Use the multiple primary rules for the specific site to determine whether the tumors are a single primary or multiple primaries.

Example 1: The patient has a 2 cm infiltrating duct carcinoma in the LIQ and a 1 cm infiltrating duct carcinoma in the UIQ of the left breast. Accession as a single primary and enter the number 02 in the data item Multiplicity Counter

Example 2: Operative report for TURB mentions multiple bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall. Record 99 (multiple tumors, unknown how many) in Multiplicity Counter.

Example 3: Pathology from colon resection shows a 3 cm adenocarcinoma in the ascending colon. Biopsy of liver shows a solitary metastatic lesion compatible with the colon primary. Record 01 in Multiplicity Counter (do not count the metastatic lesion).

Example 4: Patient has an excisional biopsy of the soft palate. The pathology shows clear margins. Record 01 in the Multiplicity Counter. Within six months another lesion is excised from the soft palate. Use the head and neck multiple primary rules to determine this tumor is not accessioned as a second primary. Change the Multiplicity Counter to code 02 to reflect the fact that there were two separate tumors abstracted as a single primary.

Example 5: CT of chest shows two lesions in the left lung and a single lesion in the right lung. Biopsy of the right lung lesions shows adenocarcinoma. No other workup is done. Using the multiple primary rules for lung, the case is abstracted as a single primary. Enter the number 03 in the data item Multiplicity Counter.

Codes

01 One tumor only
02 Two tumors present
03 Three tumors present
..
..
88 Information on multiple tumors not collected/not applicable for this site
99 Multiple tumors present, unknown how many

Coding Instructions

1. Code the number of tumors being abstracted as a single primary.
2. Do not count metastasis.
3. When there is a tumor or tumors with separate single or multiple foci, ignore/do not count the foci
4. Use code 01 when
   a. There is a single tumor in the primary site being abstracted
   b. There is a single tumor with separate foci of tumor
   c. It is unknown if there is a single tumor or multiple tumors and the multiple primary rules instructed you to default to a single tumor
5. Use code 88 for:
   a. Leukemia
   b. Lymphoma
   c. I,mmunoproliferative disease
   d. Unknown primary
6. Use code 99 when
   a. The original pathology report is not available and the documentation does not specify whether there was a single or multiple tumors in the primary site.
   b. The tumor is described as multifocal or multicentric.
   c. The tumor is described as diffuse.
   d. The operative or pathology report describes multiple tumors but does not give an exact number.
7. Leave this field blank for cases diagnosed prior to 01/01/2007.

Date of Multiple Tumors

Item Length: 8
NAACCR Item #: 445
NAACCR Name: Date of Multiple Tumors

This data item is used to identify the month, day and year the patient is diagnosed with multiple tumors reported as a single primary. Use the multiple primary rules for that specific site to determine whether the tumors are a single primary or multiple primaries.

Date
Date fields are recorded in the month, day, century, year format (MMDDCCYY) with 99 for unknown month or day and 9999 for unknown year.

Special Codes

00000000	Single tumor
88888888	Information on multiple tumors not collected/not applicable for this site
99999999	Unknown date

Coding Instructions

When multiple tumors are present at diagnosis, record the date of diagnosis.

Example 1: The patient has multiple tumors; a 2 cm infiltrating duct in the LIQ and a 1 cm infiltrating duct carcinoma in the UIQ of the left breast. According to the breast multiple primary rules these tumors are accessioned as a single primary. Enter the date of diagnosis in Date of Multiple Tumors.
Example 2: Operative report for TURB mentions multiple bladder tumors. Pathology report: Papillary transitional cell carcinoma present in tissue from bladder neck, dome, and posterior wall. According to the Bladder, Renal Pelvis, and Ureter multiple primary rules these tumors are accessioned as a single primary. Enter the date of diagnosis in Date if Multiple Tumors.

When subsequent tumor(s) are counted as the same primary.

Example: Patient has an excisional biopsy of a single tumor in the soft palate on January 2, 2007. The pathology shows clear margins. Record 01 in Multiplicity Counter. On July 10, 2007 another tumor is excised from the soft palate. The multiple primary rules for head and neck state that this tumor is the same primary. Change the 01 in Multiplicity Counter to 02 and enter 07102006, the date the second tumor was diagnosed. in Date of Multiple Tumors.

Leave this field blank for cases diagnosed prior to 01/01/2007.

Type of Multiple Tumors Reported as One Primary

Item Length: 2
NAACCR Item #: 444
NAACCR Name: Mult Tum Rpt as One Prim

This data item is used to identify the type of multiple tumors that are abstracted as a single primary. Ignore metastatic tumors for this data item.

Code	Code Text	Description	Example(s)
00	Single tumor	All **single tumors.** Includes single tumors with both in situ and invasive components	Code 01 in the Multiplicity Counter
10	Multiple benign	At least two benign tumors in same organ/primary site Use this code for reportable tumors in **intracranial** and **CNS** sites only May be used for reportable by agreement cases	
11	Multiple borderline	At least two borderline tumors in the same organ/primary site Use this code for reportable tumors in **intracranial** and **CNS** sites only May be used for reportable by agreement cases	
12	Benign and borderline	At least one benign **AND** at least one borderline tumors in the same organ/ primary site Use this code for reportable tumors in **intracranial** and **CNS** sites only May be used for reportable by agreement cases	
20	Multiple in situ	At least two in situ tumors in the same organ/primary site	Cystoscopy report documents multiple bladder tumors. Pathology: Flat transitional cell carcinoma of bladder.
30	In situ and invasive	One or more in situ tumor(s) **AND** one or more invasive tumors in the same organ/primary site	

Code	Code Text	Description	Example(s)
31	Polyp and adenocarcinoma)	One or more polyps with either • In situ carcinoma or • invasive carcinoma **AND** one or more frank adenocarcinoma(s) in the same segment of colon, rectosigmoid, and/or rectum	
32	FAP with carcinoma	Diagnosis of familial polyposis (FAP) **AND** carcinoma (in situ or invasive) is present in at least one of the polyps	
40	Multiple invasive	At least two invasive tumors in the same organ	
80	Unk in situ or invasive	Multiple tumors present in the same organ/primary site, unknown if in situ or invasive	
88	NA	Information on multiple tumors not collected/not applicable for this site	Leukemia, lymphoma, immunoproliferative diseases, and unknown primaries. All codes 88 in Multiplicity Counter
99	Unk	Unknown	Code 99 in Multiplicity counter, and DCO cases.

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